

## THE CITY OF DOVER DISABILITY EXEMPTION

### REQUIREMENTS, CONDITIONS, AND INSTRUCTIONS

APPLICATION IS DUE, APRIL 15, 2022 FOR THE 2022 TAX YEAR which begins with the December 2022 tax bill

- I. **RSA 72:37-b provides the following exemption based on ASSESSED value for qualified taxpayers: \$115,000**
- For a resident who is 100% totally and permanently disabled
  - Please call The Social Security Administration & request benefit letter #17 (letter indicates disability eligibility). (Title II or Title XVI of Federal Social Security Act)

II. **Requirements and Conditions**

- Applicant must be the owner of record on or prior to:  
April 1, 2022 (2022 Tax year)
- Must occupy as their principal place of abode the property qualifying for the exemption
- Applicant must have been a resident of New Hampshire for at least five (5) years preceding April 1st of the year in which the exemption is claimed.
- Property cannot have been transferred to the applicant, from a person under the age of 65, and related to the applicant by blood or marriage within the past 5 years. The applicant must own the real estate individually, jointly or if his or her spouse owns the real estate, they must have been married and living together for at least five years.
- If the applicant is the true and lawful Beneficial Interest Owner of a Trust, that qualifies under the same guidelines as any other owner of property. They must satisfy the assessor that they are the true beneficiary of the trust. Supply a copy of the page of the trust that indicates you are a beneficiary. Also, must sign form PA-33 (Statement of Qualification) for property owned by a trust
- **The applicant must have a net income (including Social Security and Veteran's benefits) in the preceding calendar year of:**

**Less than \$42,000 if single, or**

**Less than \$57,000 of combined income if Married.**

**ALL FIGURES LISTED FOR INCOME MUST BE FOR THE ENTIRE YEAR.**  
**VERIFICATION OF ALL INCOME MUST BE SUBMITTED**

**Definition of Net Income:** Income from any source including Social Security or pension **excluding the following:**

- a) Life insurance paid on the death of an insured; however will be considered an asset for the following year.
- b) Expenses and costs incurred in the course of conducting a business enterprise;
- c) Proceeds from the sale of assets; however will be considered an asset for the following year.

Own net assets of \$169,800 or less,

**Definition of Net Assets:** The value of all assets, tangible and intangible **EXCLUDING THE Following:**

- a) The value of the person's actual residence and the land upon which it is located up to the greater of 2 acres or the minimum family residential lot size specified in the local zoning ordinance. Additional units in multi-family housing are not excluded and should be listed as an asset. Income from units should be listed under rental income.
- b) The value of any good faith encumbrances.

### **III. Eligibility**

**A. In order for the Assessor to examine the application, you must submit copies of the following *with your application* \*\***

- ❖ A copy of your 2021 Federal Income Tax return form (if you have to file)
- ❖ A copy of your 2021 State interest and dividend tax form (if you have to file)
- ❖ Latest copy of your tax bill for **all other property owned**
- ❖ 2021 year-end copies of your bank statements (checking & savings if they apply)
- ❖ Documents verifying all income (including Social Security, Wages, Etc.)
- ❖ Statements showing balance of stocks, certificate of deposit, money market etc. as of 12/31/2021. Copy of bonds
- ❖ Documentation of eligibility under Title II or Title VI of SSA or if no longer eligible for those SSA benefits, then an affidavit from a NH licensed physician attesting to eligibility for SSA benefits under title II of XVI.

**\*\*YOUR APPLICATION WILL NOT BE REVIEWED IF THIS DOCUMENTATION IS NOT SUBMITTED**

- The Assessor also reserves the right to request a true copy of your license.**
- B. Any documents submitted shall be considered to be **confidential** to protect the privacy of the applicant and kept with the application in an area separate from public documents and they will be returned with your notice of approval or denial.
  - C. The Assessor shall grant the exemption provided:
    1. The taxpayer qualifies in all categories
    2. He/She is satisfied that the applicant has not willfully made any false statements in the application for the purpose of obtaining the exemption and,
    3. The applicant cooperated with the Assessor's request for further documentation if it applies

### **IV. Filing:**

- A. **PERMANENT APPLICATION FOR TAX CREDIT/EXEMPTIONS Form PA-29, required by RSA 72:33 must be filed with the worksheet; and**
- B. **In the case of a Trust or Life Estate, Form PA-33 is also required.**

**The forms and Affidavit *MUST* be filled out completely, signed by both spouses and returned to:**

**City Assessor  
288 Central Avenue  
Dover, NH 03820-4169**

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE

<b>STEP 1</b> OWNER AND APPLICANT NAME AND ADDRESS	<div style="text-align: center; background-color: #cccccc; border: 1px solid black; margin-bottom: 5px;"><b>OWNER AND APPLICANT INFORMATION</b></div> <div style="display: flex; justify-content: space-between;"> <div> <p><b>OWNER</b></p> <p>APPLICANT'S LAST NAME <input style="width: 200px;" type="text"/></p> <p>APPLICANT'S FIRST NAME <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/></p> <p>APPLICANT'S LAST NAME <input style="width: 200px;" type="text"/> APPLICANT'S FIRST NAME <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/></p> <p>MAILING ADDRESS <input style="width: 100%; height: 20px;" type="text"/></p> <p>CITY/TOWN <input style="width: 150px;" type="text"/> STATE <input style="width: 50px;" type="text"/> ZIPCODE <input style="width: 50px;" type="text"/></p> <p>PROPERTY ADDRESS <input style="width: 300px;" type="text"/> TAX MAP <input style="width: 50px;" type="text"/> BLOCK <input style="width: 50px;" type="text"/> LOT <input style="width: 50px;" type="text"/></p> <p>IS THIS YOUR PRIMARY RESIDENCE? <input type="radio"/> YES <input type="radio"/> NO</p> </div> <div style="text-align: right;"> <p>If required, is a PA-33 on file? <input type="radio"/> YES <input type="radio"/> NO</p> <p>PHONE NUMBER <input style="width: 100px;" type="text"/></p> <p>PHONE NUMBER <input style="width: 100px;" type="text"/></p> </div> </div>
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## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

## MUNICIPAL AUTHORIZATION - TO BE COMPLETED BY MUNICIPAL ASSESSING OFFICIALS

## VETERANS' TAX CREDIT

MUNICIPAL TAX MAP	BLOCK	LOT	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Veterans' Tax Credit RSA 72:28 (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> All Veterans' Tax Credit RSA 72:28-b (Standard \$50; Optional \$51 up to \$750)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Service-Connected Total Disability (Standard \$700; Optional \$701 up to \$4,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Surviving Spouse Tax Credit (Standard \$700; Optional \$701 up to \$2,000)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Tax Credit for Combat Service pursuant to RSA 72:28-c (\$50 up to \$500)				<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Review Applicable Discharge Papers Form(s)						
<input type="checkbox"/> Other Information						

## VETERANS' EXEMPTION

☐ Certain Disabled Veterans' Exemption      ☐ Veteran      ☐ Surviving Spouse      GRANTED ☐ DENIED ☐

## APPLICABLE ELDERLY, DISABLED AND DEAF EXEMPTION INCOME AND ASSET LIMITS

CONTACT YOUR MUNICIPALITY FOR INCOME AND ASSET LIMITS

Income Limits	Deaf Exemption	Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category	
Single				65-74 years of age	
Married				75-79 years of age	
<b>Asset Limits</b>				80+ years of age	
Single					
Married					

## STANDARD and LOCAL OPTIONAL EXEMPTIONS (If adopted by the City/Town)

	AMOUNT	GRANTED	DENIED	DATE
<input type="checkbox"/> Elderly Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Improvements to Assist Persons with Disabilities		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Blind Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Deaf Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Disabled Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Electric Energy Storage Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Solar Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Woodheating Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	
<input type="checkbox"/> Wind-powered Energy Systems Exemption		<input type="radio"/>	<input type="radio"/>	

A photocopy of this Form (Pages 1 and 2) or Form PA-35 must be returned to the property owner after approval or denial.

The following documentation may be requested at the time of application in accordance with RSA 72:34, II.

<input type="checkbox"/> * List of assets, value of each asset, net encumbrance and net value of each asset.	<input type="checkbox"/> * State Interest and Dividends Tax Form.
<input type="checkbox"/> * Statement of applicant and spouse's income.	<input type="checkbox"/> * Property Tax Inventory Form filed in any other town.
<input type="checkbox"/> * Federal Income Tax Form.	

\* Documents are considered confidential and are returned to the applicant at the time a decision is made on the application.

Municipal Notes

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**PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS****GENERAL INSTRUCTIONS**

<b>WHO MAY FILE</b>	Applicant must be qualified as of April 1 of the year the exemption and/or tax credit is claimed. Financial qualifications required for certain exemptions must be met by the time of application. An applicant must have resided in this state for at least one year preceding April 1 in the year in which the veterans' tax credit is claimed. An applicant must have resided in this state for at least three years preceding April 1 in the year for which the elderly exemption is claimed and five years in which the deaf or disabled exemption is claimed. The terms owner, own or owned, shall include those persons who hold grantor/revocable trust, equitable title, or beneficial interest for life in the subject property.		
<b>WHERE TO FILE</b>	Form PA-29 must be filed with the municipal assessing officials of the city/town where the tax credit or exemption is being requested.		
<b>WHEN TO FILE</b>	<p>Form PA-29 must be filed by April 15 preceding the setting of the tax rate. The municipal assessing officials shall send written notice to the taxpayer of their decision by July 1 prior to the date of notice of tax. Failure of the municipal assessing officials to respond shall constitute a denial of the application. <b>Example:</b> If you are applying for a tax credit and/or an exemption for the 2014 property taxes, which are due no earlier than December 1, 2014, you have until April 15, 2014, to file this form. The municipal assessing officials have until July 1 to send notice of their decision. Failure of the municipal assessing officials to respond shall constitute a denial of the application. <b>A late response or failure to respond by municipal assessing officials does not extend the appeal period.</b> Date of filing is when the completed application is either hand-delivered to the municipality, postmarked by the post office, or received by an overnight delivery service.</p> <p>Pursuant to RSA 72:33, I-a, "If any person, otherwise qualified to receive an exemption or credit, shall satisfy the selectmen or assessors that he or she was prevented by accident, mistake, or misfortune from filing a permanent application or amended permanent application on or before April 15 of the year in which he or she desires the exemption to begin, said officials may receive the application at a later date and grant an exemption or credit for that tax year..."</p>		
<b>APPEAL PROCEDURE</b>	If an application for a property tax exemption or tax credit is denied by the municipality, an applicant may appeal in writing on or before September 1 following the date of notice of tax under RSA 72:1-d, to the NH Board of Tax and Land Appeals (BTLA) or to the Superior Court in the county where the property is located. <b>Example:</b> If you were denied an exemption from your 2014 property taxes, you have until September 1, 2015, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301; their website at <a href="http://www.nh.gov/btla">www.nh.gov/btla</a> ; or by calling (603) 271-2578. Be sure to specify <b>EXEMPTION APPEAL</b> .		
<b>TAX CREDITS</b>	Tax credits approved will be deducted from the property tax amount.		
<b>EXEMPTIONS</b>	Tax exemptions approved are deducted from the amount of the property owner's total assessed value prior to the calculation of tax due.		
<b>ELDERLY EXEMPTIONS RSA 72:39-a</b>	<p>Applicant must have resided in this state for at least three consecutive years preceding April 1 in the year which the exemption is claimed. Property must be: owned by a resident; or owned by a resident jointly or in common with the resident's spouse, either of whom meets the age requirement for the exemption claimed; or owned by a resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable age requirement for the exemption claimed; or owned by a resident, or the resident's spouse, either of whom meets the age requirement for the exemption claimed, and when they have been married for at least five years.</p> <p>Property cannot have been transferred to the applicant from a person under the age of 65, and related to the applicant by blood or marriage, within the preceding five years.</p> <p>Property must meet the definition of residence per RSA 72:39-a, I(c), which includes the housing unit, which is the person's principle home and related structures such as a detached garage or woodshed. It does not include attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes. If fractional interest is owned, see RSA 72:41, Proration.</p>		
<b>ELDERLY, DEAF and DISABLED FINANCIAL QUALIFICATIONS RSA 72:39-a RSA 72:38-b RSA 72:37-b</b>	<b>INCOME LIMITATION</b>	Includes: Income from any source including Social Security or pension.	Excludes: Life insurance paid on the death of an insured; Expenses and costs incurred in the course of conducting a business enterprise; Proceeds from the sale of assets.
	<b>ASSET LIMITATION</b>	Includes: The value of all assets, tangible and intangible.	Excludes: The value of the person's actual residence and the land upon which it is located up to the greater of 2 acres or the minimum single family residential lot size specified in the local zoning ordinance. The value of any good faith encumbrances.
<b>ADA COMPLIANCE</b>	Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.		

## PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS

TYPE OF TAX CREDIT or EXEMPTION	AMOUNT GRANTED	WHO MAY APPLY
<b>VETERANS' TAX CREDIT</b> RSA 72:28  <b>ALL VETERANS' TAX CREDIT</b> RSA 72:28-b - <i>Must be adopted by Municipality</i>	\$50 (\$51 up to \$750 upon adoption by the municipality), is subtracted from the taxes due on the applicant's RESIDENTIAL property, occupied as the veteran's principle place of abode. For Veterans' surviving spouse: See RSA 72:28, III. For Proration: See RSA 72:30	Every resident in the U.S. who served not less than 90 days in the armed forces <i>in any of the qualifying wars or armed conflicts</i> , as listed in RSA 72:28, and was honorably discharged; or the spouse or surviving spouse of such resident. (NOTE: 'Under Honorable Conditions' does not qualify.)  Every resident in the U.S. who served not less than 90 days in the armed forces and was honorably discharged; or the spouse or surviving spouse of such resident. (NOTE: 'Under Honorable Conditions' does not qualify.)
<b>SURVIVING SPOUSE TAX CREDIT</b> RSA 72:29-a	\$700 (\$701 up to \$2,000 upon adoption by the municipality per RSA 72:27-a), is subtracted from taxes due on the applicant's property, residential or other.	The surviving spouse of any person who was killed or died while on active duty in the armed forces, as listed in RSA 72:28, so long as the surviving spouse remains single.
<b>SERVICE-CONNECTED TOTAL DISABILITY TAX CREDIT</b> RSA 72:35	\$700 (\$701 up to \$4,000 upon adoption by the municipality pursuant to RSA 72:27-a), is subtracted from the property taxes due on the applicant's residential property.	Any person who: <ul style="list-style-type: none"> <li>• Has been honorably discharged or an officer honorably separated from military service and who has a total and permanent service-connected disability;</li> <li>• Is a double amputee or paraplegic because of service-connected injury; or</li> <li>• Is the surviving spouse of above qualified veteran and remains single.</li> </ul>
<b>TAX CREDIT FOR COMBAT SERVICE</b> RSA 72:28-C <i>Must be adopted by Municipality</i>	\$50 up to \$500 upon adoption by the municipality pursuant to RSA 72:27-a is subtracted from the property taxes due on the applicant's residential property.	Every resident of this state engaged at any point during the taxable period in combat service as a member of the NH National Guard or a reserve member of the United States Armed Forces called to active duty. The application for the tax credit must be accompanied by the service member's military orders.
<b>CERTAIN DISABLED VETERANS - EXEMPTION</b> RSA 72:36-a  "...shall be exempt from all taxation on said homestead..."	Any person who: <ul style="list-style-type: none"> <li>• Has been discharged under conditions other than dishonorable, or an officer who has been honorably separated from military service;</li> <li>• Owns a specially adapted homestead which has been acquired with the assistance of the Veterans Administration or by using proceeds from the sale of any previous homestead which was acquired with the assistance of the Veterans Administration; and</li> <li>• Is 100 percent permanently and totally disabled as prescribed in 38 C.F.R. 3.340, total and permanent total ratings and unemployability; or is a double amputee of the upper or lower extremities or any combination thereof, or paraplegic, as the result of service connection; or has blindness of both eyes with visual acuity of 5/200 or less, as the result of service connection.</li> </ul> The surviving spouse of an eligible veteran may also apply. Satisfactory proof of such service connection disability must be furnished to the assessor.	

A list of the Veterans' qualifying medals and discharge papers can be found at: <http://www.revenue.nh.gov/mun-prop/property/exemptions-tax-credits.htm>

## IMPROVEMENTS TO ASSIST PERSONS WITH DISABILITIES AND THE DEAF

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
<b>IMPROVEMENTS TO ASSIST PERSONS WITH DISABILITIES</b> RSA 72:37-a <b>DEAF OR SEVERELY HEARING IMPAIRED PERSONS</b> RSA 72:38-b	The value of improvements made for the purpose of assisting a person with a disability or deafness is deducted from the assessed value of the residential real estate.	Any person owning residential real estate upon which he resides and to which he has made improvements for the purpose of assisting a person with a disability or deafness who also resided on such real estate.

## OPTIONAL EXEMPTIONS BELOW MUST BE ADOPTED BY THE MUNICIPALITY BEFORE ANYONE MAY APPLY

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
<b>DISABLED EXEMPTION</b> RSA 72:37-b	The amount of the exemption and the level of income and assets (excluding the value of the property owner's residence) are determined by vote of the municipality per RSA 72:27-a.	Any person eligible under the Federal Social Security Act for benefits to the disabled, and who has been a New Hampshire resident for at least five years by April 1 of the year the exemption is claimed.  <b>NOTE: See Financial Qualifications on Page 3.</b>
<b>BLIND EXEMPTION</b> RSA 72:37	\$15,000 (unless the municipality votes an increase) is subtracted from the assessed valuation.	Every inhabitant owning residential real estate, who is legally blind, as determined by the Administrator of Blind Services of the Vocational Rehabilitation Division of the Department of Education.
<b>DEAF EXEMPTION</b> RSA 72:38-b	\$15,000 (unless the municipality votes an increase) is subtracted from the assessed valuation.	NH residents who are deaf or severely hearing impaired, have been a NH resident for more than five consecutive years, and meet the income and asset requirements.

**PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS****OPTIONAL EXEMPTIONS BELOW MUST BE ADOPTED BY THE MUNICIPALITY BEFORE ANYONE MAY APPLY continued**

EXEMPTION	AMOUNT OF EXEMPTION	WHO MAY APPLY
<b>SOLAR ENERGY SYSTEMS</b> RSA 72:61 and RSA 72:62	Determined by vote of the municipality pursuant to RSA 72:62.	Any person owning real property equipped with a solar energy heating or cooling system, as defined in RSA 72:61.
<b>WOODHEATING ENERGY SYSTEMS</b> RSA 72:69 and RSA 72:70	Determined by vote of the municipality pursuant to RSA 72:70.	Any person owning real property equipped with a woodheating energy system, as defined in RSA 72:69.
<b>WIND-POWERED ENERGY SYSTEMS</b> RSA 72:65 and RSA 72:66	Determined by vote of the municipality pursuant to RSA 72:66.	Any person owning real property equipped with a wind-powered energy system, as defined in RSA 72:65.
<b>ELECTRIC ENERGY STORAGE SYSTEMS</b> RSA 72:84 and RSA 72:85	Determined by vote of the municipality pursuant to RSA 72:85.	Any person owning real property equipped with an electrical energy storage system, as defined in RSA 72:84.



**CITY OF DOVER, NH**  
**APPLICATION FOR 100% DISABLED EXEMPTION (RSA 72:37-b)**  
**APPLICATION IS DUE APRIL 15, 2022 FOR THE 2022 TAX YEAR**  
**Which begins with the December 2022 tax bill**

**1. PERSONAL INFORMATION**

- A. Applicant (Owner's Name(s): \_\_\_\_\_
- B. Telephone # \_\_\_\_\_  
Mailing address: \_\_\_\_\_
1. Is this your principal place of abode? Yes \_\_\_\_\_ No \_\_\_\_\_  
The exemption cannot be claimed in more than one community. You cannot receive similar benefits elsewhere, example: Florida Homestead, other exemptions or credits.
- C. Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widow(er): \_\_\_\_\_
- D. Residence Owned: Solely: \_\_\_\_\_ With Spouse: \_\_\_\_\_ \*With Other(s): \_\_\_\_\_  
\*Joint Tenants: \_\_\_\_\_ \*Tenants in Common: \_\_\_\_\_
- E. Number of Years owned Residence: \_\_\_\_\_
- F. I have been a legal resident of New Hampshire since April 1, 2017? \_\_\_\_ Yes \_\_\_\_ No
- G. Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Spouse's date of birth: \_\_\_\_\_
- H. Do you own real estate other than your occupied N.H. residence? Yes \_\_\_\_ No \_\_\_\_  
(if yes, please attach copy of tax bill)
- i. Do you have a life estate or trust in any other properties? Yes \_\_\_\_ No \_\_\_\_ If yes, please attach copy of latest tax bill
- ii. If the property is held in a Trust or a life estate a Statement of Qualification (PA-33) must be completed.

**2. INCOME INFORMATION (ANNUAL AMOUNTS)**

**INCOME LIMIT FOR A SINGLE PERSON IS \$42,000**  
**INCOME LIMIT FOR A MARRIED COUPLE IS \$57,000**

**VERIFICATION OF ALL OF THE FOLLOWING MUST BE SUBMITTED**  
**ALL FIGURES LISTED FOR INCOME MUST BE FOR THE ENTIRE YEAR**  
**PLEASE SUBMIT 2021 YEAR-END STATEMENTS VERIFYING TOTAL AMOUNTS**

**Please submit verification of 2021 total Social Security Disability benefits received from Title II or Title XVI. (The document must state Social Security for Disability)**

**PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU:**

**Are you required to file an IRS tax return? Yes \_\_\_\_ no \_\_\_\_**

**If yes, please provide a copy of your 2021 federal income tax return.**

**Are you required to file an interest and dividend tax return to the State of NH? Yes \_\_\_\_ no \_\_\_\_**

**If yes, please provide a copy of your return.**

**3. ASSET INFORMATION**

- A. Type of Property for which exemption is claimed: Single-Family \_\_\_\_\_ Multi-Family \_\_\_\_\_
- B. If Multi-Family, in which unit do you reside? \_\_\_\_\_

<b>TOTAL ASSETS:</b>	<b>\$169,800 LIMIT</b>	<b>\$ _____</b>
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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ALL INCOME		EXEMPTION APPLICATION		REQUIRED SUPPORTING DOC	
SOURCE	APPLICANT INCOME	SPOUSE INCOME			
SOCIAL SECURITY (BEFORE DEDUCTIONS)					SSA-1099
PENSION/RETIREMENT (BEFORE DEDUCTIONS)					1099-R
ANNUITY (BEFORE DEDUCTIONS)					1099-R
WAGES (BEFORE DEDUCTIONS)					W-2 OR 1099
BUSINESS INCOME					COMPLETE TAX RETURN
RENTAL INCOME					LEASE & TAX RETURN
INTEREST					1099-INT
DIVIDEND					1099-DIV
CAPITAL GAIN					COMPLETE TAX RETURN
VETERAN BENEFITS					BENEFIT STATEMENT FROM VA
ROOM/BOARD INCOME					AREA AGENCY STATEMENT
ALIMONY					COURT ORDER
CHILD SUPPORT					COURT ORDER
SELF EMPLOYMENT INCOME					COMPLETE TAX RETURN
DISABILITY INSURANCE					BENEFIT STATEMENT
WORKER'S COMP					BENEFIT STATEMENT
UNEMPLOYMENT BENEFITS					1099
FOOD STAMPS					BENEFIT STATEMENT DHHS
OTHER GOVERNMENT ASSISTANCE					BENE
FUEL ASSISTANCE					BENEFIT STATEMENT DHHS
UTILITY ASSISTANCE					BENEFIT STATEMENT
HOUSING AUTHORITY PAYMENTS					1099 OR STATEMENT
TRUST INCOME					1099 OR STATEMENT
ROYALTIES					1099 OR STATEMENT
GAMBLING WINNING					COMPLETE TAX RETURN
OTHER					
TOTAL INCOME	\$0.00	\$0.00		\$0.00	\$0.00
		LIMIT SINGLE \$42,000 MARRIED \$57,000			
PLEASE SUBMIT 2020 YEAR END STATEMENTS TO VERIFY AMOUNT ENTERED					
				PG 2 OF 3	

ALL ASSETS YEAR END VALUE			ATTACH ADDITIONAL SHEETS IF NECESSARY
APPLICANT	APPLICANT SPOUSE		
ASSETS	ASSETS		REQUIRED SUPPORTING DOC
CD			COMPLETE YEAR END STATEMENT
STOCKS			COMPLETE YEAR END STATEMENT
BONDS			COPY OF BONDS
IRA			COMPLETE YEAR END STATEMENT
IRA			COMPLETE YEAR END STATEMENT
MUTUAL FUNDS			COMPLETE YEAR END STATEMENT
ANNUITY			COMPLETE YEAR END STATEMENT
SAVINGS			COMPLETE YEAR END BANK STATEMENT
SAVINGS			COMPLETE YEAR END BANK STATEMENT
CHECKING			COMPLETE YEAR END BANK STATEMENT
CHECKING			COMPLETE YEAR END BANK STATEMENT
MONEY MARKET			COMPLETE YEAR END BANK STATEMENT
WHOLE LIFE INS			STATEMENT SHOWING CASH OR SURRENDER VALUE
MUST BE COMPLETED OR APPLICATION WILL NOT BE REVIEWD			
ESTIMATED VALUE OF FURNITURE, JEWELRY, FURS, ANTIQUES ETC:			
VEHICLES/TRUCKS/MOTORCYCLE/BOATS/CAMPERS/RV/RECREATIONAL:			
VEHICLE MAKE/MODEL/YR			COPY OF REGISTRATION
VEHICLE MAKE/MODEL/YR			COPY OF REGISTRATION
MORE VEHICLES ETC			COPY OF REGISTRATION
OTHER REAL ESTATE/OTHER HOME, EXCESS LAND/ ADDITIONAL LIVING UNITS/TIMESHARE/CAMP SITE/ETC			
RECENT TAX BILL			
OTHER: PLEASE EXPLAIN			
TOTAL ASSETS	\$0.00	\$0.00	LIMIT \$169,800
PLEASE SUBMIT 2020 YEAR END STATEMENTS TO VERIFY AMOUNT ENTERED			
PG 3 OF 3			



AFFIDAVIT FOR EXEMPTIONS

**Please read, initial each line, and then sign below. If there is anything you do not understand, please ask the assessing staff for clarification.**

\_\_\_\_ I hereby certify that the exemption worksheet with financial documents submitted to the Dover Assessing Department is complete, true and correct.

\_\_\_\_ I hereby certify that if I claim that I do not have to file a federal income tax form I will if requested complete a form 4506-T Request for Transcript of Tax Return. This form goes to the IRS to verify that you do not file a Federal Tax Form.

\_\_\_\_ I certify that I do not claim residency in any other city or town, in any other state.

\_\_\_\_ I certify that I have been a resident of New Hampshire for 3 consecutive years (Elderly Exemption) or 5 years (Disabled or Deaf Exemptions) as of April 1 in the year applying for tax exemption

\_\_\_\_ I certify under penalty of perjury that I am not receiving any other residential tax exemption or tax credit in any other community within New Hampshire and I am not receiving a similar benefit, such as a homestead exemption, in any other state.

\_\_\_\_ I understand that if my income or assets change, there is a possibility I may no longer qualify for the tax exemption, and that I am under obligation by law to notify the Assessing Department.

\_\_\_\_ If my marital status changes, I must notify the Assessing Department.

\_\_\_\_ If I relocate within the City of Dover, I must file an amended application the Assessing Department as soon as possible, on or before a new tax rate has been set, immediately following the change in residence.

\_\_\_\_ I understand that if I place my home in an Irrevocable Trust, I may no longer be eligible to claim a tax credit or exemption.

\_\_\_\_ A person is guilty of a misdemeanor if, with the purpose to deceive a public servant in the performance of his/her official function, he/she makes any written false statement which he/she does not believe to be true, or if he/she knowingly creates a false impression in written application for pecuniary or other benefits by omitting information necessary to prevent statements therein from being misleading, or if he/she submits or invites reliance on any writing which he/she knows to be lacking in authenticity. RSA 641:3

**I/We have read and understand the above statements. Any misrepresentation on my part may result in court action for recovery. I certify the information submitted is true and accurate to best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**STATEMENT OF QUALIFICATION FOR PROPERTY TAX CREDIT, EXEMPTION OR  
TAX DEFERRAL UNDER RSA 72:33, V**

(to be submitted with Form PA-29 or Form PA-30)

USE THIS FORM IF YOUR PROPERTY IS HELD IN A TRUST, OR IF YOU HOLD EQUITABLE TITLE OR A LIFE ESTATE

**TYPE OR PRINT**

OWNER <span style="border: 1px solid black; display: inline-block; width: 600px; height: 1.2em; vertical-align: middle;"></span>			
APPLICANT'S LAST NAME	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	APPLICANT'S FIRST NAME	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> MI <span style="border: 1px solid black; display: inline-block; width: 30px; height: 1.2em; vertical-align: middle;"></span>
APPLICANT'S LAST NAME	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	APPLICANT'S FIRST NAME	<span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span> MI <span style="border: 1px solid black; display: inline-block; width: 30px; height: 1.2em; vertical-align: middle;"></span>
MAILING ADDRESS <span style="border: 1px solid black; display: inline-block; width: 600px; height: 1.2em; vertical-align: middle;"></span>			
CITY/TOWN	<span style="border: 1px solid black; display: inline-block; width: 300px; height: 1.2em; vertical-align: middle;"></span>	STATE	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 1.2em; vertical-align: middle;"></span> ZIPCODE <span style="border: 1px solid black; display: inline-block; width: 80px; height: 1.2em; vertical-align: middle;"></span>
PROPERTY ADDRESS for which Tax Credit / Exemption / Deferral is claimed <span style="border: 1px solid black; display: inline-block; width: 350px; height: 1.2em; vertical-align: middle;"></span>			

I am eligible for a property tax credit, exemption or tax deferral against the property for which a Permanent Application, Form PA-29, or Tax Deferral Application, Form PA-30, has been made, and do qualify as the owner of the property under RSA 72:29, VI, based upon the following: **(check one)**

- ☐ **Grantor/Revocable Trust**
- ☐ **Equitable Title holder or**
- ☐ **Beneficial interest for life (Life estate owner)**

The appropriate document must be supplied:

- (a) A Trust instrument as defined in RSA 564-B:1-103 (20);
- (b) A Certification of Trust prepared in accordance with RSA 564-B:10-1013; or
- (c) A deed or other legal document showing the assigned ownership.

Legal Name of Trust (if different than above): \_\_\_\_\_

***All documents submitted shall be handled to protect the privacy of the applicant.***

Explanation or additional details:

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

X \_\_\_\_\_  
SIGNATURE (IN INK) PRINT NAME DATE

X \_\_\_\_\_  
SIGNATURE (IN INK) PRINT NAME DATE

TELEPHONE NUMBER \_\_\_\_\_

<b>WHO MUST FILE</b>	To be completed by property owners to establish their status as grantor of the property to a revocable trust, or holding equitable title or the beneficial interest for life in the property. RSA 72:29, VI. For purposes of RSA 72:28, 28-b, 28-c, 29-a, 30, 31, 32, 33, 35, 36-a, 37, 37-a, 37-b, 38-a, 39-a, 62, 66, and 70, the ownership of real estate, as expressed by such words as "owner," "owned," or "own," shall include those who have placed their property in a grantor/revocable trust or who have equitable title or the beneficial interest for life in the subject property.
<b>WHEN TO FILE</b>	This completed form shall be submitted with the Permanent Application, Form PA-29 (RSA 72:33), for property tax credit or exemption, or the Tax Deferral Application, Form PA-30 (RSA 72:38-a), to the local municipal assessing officials of the City/Town in which such application is filed. The completed Form PA-33 becomes a permanent document and does not need to be re-filed unless the status of the trust or life estate is changed or altered.